

AMUSEMENT RIDE ACCIDENT REPORT

SAFETY AND BUILDINGS DIVISION Inspection and Safety Support Section P. O. Box 7302 Madison, Wisconsin 53707-7302

Madison, Wisconsin 53707-7302 http://www.commerce.state.wi.us/sb http://www.wisconsin.gov Fax 608-267-9723

The owner/operator of the amusement ride shall notify the Department of Commerce of every accident involving personal injury which requires medical or first aid attention. (Section Comm Ch. 34.41, Wisconsin Administrative Code)

This form must be submitted within two days after accident or injury. Fatalities shall be reported within 24 hours. Penalties for failure to report are provided in section 101.2, Wisconsin Statutes.

Personal information you provide	e may be used for secondary pur	poses [Privacy Lav	v, s. 15.04 (1)(m)].		
Report Date	Accident Date	Carnival or Bus	iness Name		
Ride Serial Number	Ride Name				
Ride Manufacturer R		Ride Location a	Ride Location at Accident Time		
Responsible Ride Operator Name Re		Responsible Ric	Responsible Ride Operator Address		
Liability Insurance Company Name			Number of People Injured:		
Injured Person(s) Name and Add	dress				
Injured Person(s) or Repre	esentative Signature (if pos	ssible)			
Extent of Injuries:		SPECIFY:	Was Injured Person(s) Your Employee?		
			Y	ES 🗌	NO 🗌
Describe Accident:					
					_
Accident Reporter's Printed Name and Signature		Position		Date Signe	d